

Leading Causes of Death and Hospitalizations

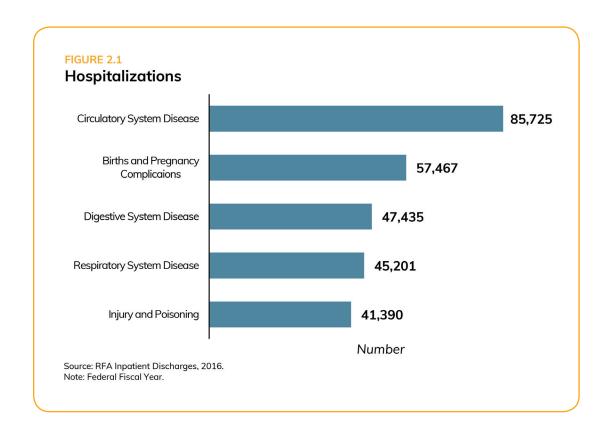
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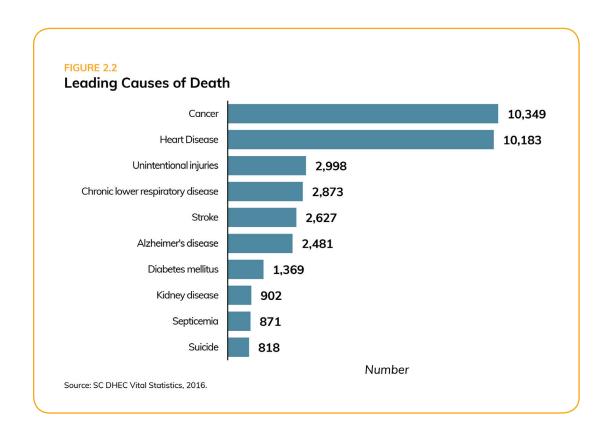
LEADING CAUSES OF DEATH AND HOSPITALIZATIONS

Leading Causes of Hospitalizations

Monitoring types of hospitalizations provides information about health conditions affecting the community. Programs can be created and implemented to reduce the prevalence of certain preventable causes of hospitalization.

In 2016, the leading cause of hospitalization was circulatory system disease (which includes heart disease and stroke), with 85,725 hospitalizations (Figure 2.1). The next highest hospitalization category was births and pregnancy complications (57,467 discharges). Together, these top two reasons for hospitalization accounted for 29.9% of all hospitalizations.





Leading Causes of Death

The leading causes of death in South Carolina are of great importance to describing the health profile of a population, setting priorities for health policy makers, and evaluating the impact of preventive programs. Cancer and diseases of the heart

were overwhelmingly the leading causes of death in South Carolina in 2016 (Figure 2.2). These have been the leading causes of death in the state and the United States for many years. In 2016, South Carolina recorded 10,349 cancer deaths and 10,183 deaths due to diseases of the heart. Together, these two disease conditions comprised 42.6% of all South Carolina deaths.

YEARS OF POTENTIAL LIFE LOST

Years of Potential Life Lost

By examining premature mortality rates, resources can be targeted toward strategies that will extend years of life. Many of these causes are considered avoidable or preventable. Premature deaths are deaths that occur before a person reaches the expected age of 75 years.

Years of potential life lost (YPLL) is a cumulative measure based on the average years a person would have lived if they had not died prematurely.

The leading cause of premature death in South Carolina during 2016 was cancer (80,205 YPLL), followed by unintentional injuries (75,087 YPLL), and heart disease (68,225 YPLL; Figure 2.3).

